

## **APPLICATION DATA SHEET**

### **Application Information**

<b>Application Number::</b>	NOT YET ASSIGNED
<b>Filing Date::</b>	October 6, 2003
<b>Application Type::</b>	Non-Provisional
<b>Subject Matter::</b>	Utility
<b>Suggested Classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	
<b>Number of CD Disks::</b>	
<b>Number of Copies of CDs::</b>	
<b>Sequence Submission?::</b>	
<b>Computer Readable Form (CFR)?::</b>	
<b>Number of Copies of CFR::</b>	
<b>Title::</b>	MATCH-AND-SWAP MARKETPLACE
<b>Attorney Docket Number::</b>	
<b>Request for Early Publication?::</b>	
<b>Request for Non-Publication?::</b>	
<b>Suggested Drawing Figure::</b>	
<b>Total Drawing Sheets::</b>	21
<b>Small Entity?::</b>	
<b>Latin Name::</b>	
<b>Variety Denomination Name::</b>	
<b>Petition Included?::</b>	
<b>Petition Type::</b>	
<b>Licensed US Govt. Agency::</b>	
<b>Contract or Grant Numbers::</b>	
<b>Secrecy Order in Parent Appl.::</b>	

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** United States  
**Country::** United States  
**Status::** Full Capacity  
**Given Name::** Vinayek  
**Middle Name::** K.  
**Family Name::** SINGH  
**Name Suffix::**  
**City of Residence::** Litchfield  
**State or Province of Residence::** Connecticut  
**Country of Residence::** United States  
**Street of Mailing Address::** 14-16 West Chestnut Hill Road  
**City of Mailing Address::** Litchfield  
**State or Province of Mailing Address::** Connecticut  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** 06759

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** United States  
**Country::** United States  
**Status::** Full Capacity  
**Given Name::** Marshall  
**Middle Name::** G.  
**Family Name::** FLAX  
**Name Suffix::**  
**City of Residence::** Merrick  
**State or Province of Residence::** New York  
**Country of Residence::** United States  
**Street of Mailing Address::** 28 Silver Birch Road

**City of Mailing Address::** Merrick  
**State or Province of Mailing Address::** New York  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** 11566

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** United States  
**Country::** United States  
**Status::** Full Capacity  
**Given Name::** Gurdeep  
**Middle Name::** S.  
**Family Name::** MALIK  
**Name Suffix::**

**City of Residence::** Fortlee  
**State or Province of Residence::** New Jersey  
**Country of Residence::** United States  
**Street of Mailing Address::** 800 Palisade Avenue, #705  
**City of Mailing Address::** Fortlee  
**State or Province of Mailing Address::** New Jersey  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** 07024

**Applicant Authority Type::** Inventor  
**Primary Citizenship::**  
**Country::**  
**Status::** Full Capacity  
**Given Name::**  
**Middle Name::**  
**Family Name::**

**Name Suffix::**

**City of Residence::**

**State or Province of Residence::**

**Country of Residence::**

**Street of Mailing Address::**

**City of Mailing Address::**

**State or Province of Mailing**

**Address::**

**Country of Mailing Address::**

**Postal or Zip Code of Mailing**

**Address::**

### **Correspondence Information**

**Correspondence Customer**                      **26694**  
**Number::**

**Phone Number::**                                      **(202) 344-4800**

**Fax Number::**                                        **(202) 344-8300**

**E-Mail Address::**

### **Representative Information**

**Representative Customer**                      **26694**  
**Number::**

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>CURRENT</b>	<b>Continuation-in-part</b>	<b>10/372,409</b>	<b>February 25, 2003</b>
	<b>Continuation of</b>		
	<b>Continuation of</b>		
	<b>Continuation of</b>		

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

## Assignee Information

**Assignee Name::** Tullett Liberty Inc.  
**Street of Mailing Address::** 80 Pine Street  
**City of Mailing Address::** New York  
**State or Province of Mailing Address::** New York  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** 10005

**DC2-489234**